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TRANSMITTAL FORM  (to be used for all correspondence after initial filing)			Application Number 10/517,215					
			Filing Date April 21, 2003		2003			
			First Named Inventor	Viktor F. Kibol				
				Art Unit	1791	1791		
			Examiner Name	Q.S. Deh	Q.S. Dehghan			
Total Number of Pages in This Submission			ming)	Attorney Docket Number	KIBO100	KIBO100001000		
ENCLOSURES (Check all that apply)								
	nsmittal F Fee Attacl		Drawing(s)  Licensing-related Papers				After Allowance Communication to To  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC	
Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.53			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name	DeLio 8	Peterson, LLC	7					
Signature								
Printed name Peter W. Peterson								
Date 2008-09-19		ong "Could have a	Reg. No. 31,867					
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Signature			***************************************			NEONANOS MENTANIAS ROCCIONOS CALLANTAS ESCA	77	
Typed or printed name						D	ate	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/517,215 Application Number RANSMI Filing Date April 21, 2003 For FY 2008 First Named Inventor Viktor F. Kibol Examiner Name Q.S. Dehghan Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1791 **TOTAL AMOUNT OF PAYMENT** (\$) KIBO100001000 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check │Credit Card │ Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 04-0566 Deposit Account Name: DeLio & Peterson, LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 Plant 210 105 310 160 155 80 Reissue 310 155 510 620 255 310 Provisional 210 105 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) 1/20 pd - 20 or HP = 0 Fee Paid (\$) Х 50.00 Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) 1/3 pd - 3 or HP = 0 210.00 Х HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. 31,867 Telephone 203-787-0595 Signature (Attorney/Agent) Date 2008-09-19 Name (Print/Type) Peter W. Peterson

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